



## **MENTAL HEALTH SUPPORTIVE HOME CARE AIDE (SHCA) TRAIN THE TRAINER PROGRAM**

**Thursday, October 17, 2019**

**Training Location:  
Mystic Valley Elder Services  
300 Commercial St #19  
Malden, MA 02148**

**9:00am- 3:00pm**

Registration will begin at 9:00am. Program will start at 9:30am  
Light breakfast and lunch will be provided

During this training, home care supervisors and educators will learn how to use the Council's 12-hour Mental Health Supportive Home Care Aide curriculum designed to prepare home health aides to work with individuals with mental and behavioral health conditions. Additionally, attendees will be trained on how to provide the corresponding 3-hour Supervisor's Training, 'Partners in Care'. These curricula were created and piloted thanks to a grant from the Health Care Workforce Transformation Fund. The outcomes from the testing of the curriculum will also be shared with participants.

Attendees will receive a copy of both curricula, including the instructor's guides and student handbooks, and additional handouts required for teaching. A corresponding DVD will also be provided. Nursing CEUs will be provided.

**Cost per Participant: \$175 for Members, \$125 for each additional participant from the same agency, \$350 for Non-Members**

***Space for this training is limited to the first 40 people to register!***

***If you are registered and cannot attend the training, at least 48 hour advance notice is required for a full refund.***

For more information or to register, please call the Council's office at: (617) 744-6561 or email Sydney Axelrod at [saxelrod@hcacouncil.org](mailto:saxelrod@hcacouncil.org)

***The Council would like to thank Mystic Valley for hosting this very popular training***

**REGISTRATION FOR MENTAL HEALTH SUPPORTIVE  
HOME CARE AIDE TRAIN THE TRAINER  
October 17, 2019**

**Council Member Registrations**

**First Registrant - \$175.00 per person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Registrants from Same Organization - \$125.00 per person**

Name: \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*(Duplicate this form for additional participants as needed)*

**Non-Member Registrations**

**Non-member Registration - \$350.00 per person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*(Duplicate this form for additional participants as needed)*

**Council Members**

One Registrant Only

Total Cost = \$175.00

Two Registrants

Total Cost = \$300.00

Three or More Registrants:

Total Registrations = \_\_\_\_\_

Total Cost = \_\_\_\_\_

**Non-Members**

Total Registrations = \_\_\_\_\_

Total Cost = \_\_\_\_\_

## PAYMENT INFORMATION:

**TO PAY BY CHECK:** Make check payable to the Home Care Aide Council and mail to Home Care Aide Council, 46 Farwell St, 2<sup>nd</sup> Floor, Newton, MA 02460.

**TO PAY BY CREDIT CARD:** Complete attached form and forward to the Council office by mail, email to [saxelrod@hcacouncil.org](mailto:saxelrod@hcacouncil.org), or fax to (781) 209-5977

Total Number of Registrations: \_\_\_\_\_  
Amount Total Owed: \_\_\_\_\_

Please check one:

\_\_\_\_\_ American Express      \_\_\_\_\_ MasterCard      \_\_\_\_\_ VISA

Exp. Date \_\_/\_\_\_\_ (Month/Year)

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front) \_\_\_\_\_

Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

*If you have any questions, feel free to contact the Council office at 617-744-6561.*